
PERSONAL HISTORY RECORD (submit for natural persons)

Revision 1/2004

This record is to be completed by a natural person affiliated with one of the following applications submitted to the Mortgage Lending Division. Please indicate for which this application form is submitted.

- ☐ Mortgage Agent
- ☐ Mortgage Broker
- ☐ Mortgage Banker
- ☐ Escrow Agent
- ☐ Escrow Agency
- ☐ Qualified Employee
- ☐ Officer/owner conducting mortgage activities exempt from agent licensing pursuant to NRS645B.0125.2

Print or type an answer to every question. If a question does not apply, please mark the section N/A for not applicable. If there is not space to answer the question sufficiently, continue on the EXPLANATION FORM and mark each answer with the corresponding number of the question. Do not misstate or omit any material fact(s). Such statements made herein are subject to verification.

Applicant must initial each page in the box in the lower right hand corner. By placing his/her initial on each page, the applicant is attesting to accuracy and completeness of the information contained on that page.

Applicants are advised that this personal history record is an official document and misrepresentations or failure to disclose information requested may be deemed sufficient cause for the denial or revocation of a license.

Name of Applicant _____			
<i>Last (include Jr./Sr as applicable)</i>	<i>First</i>	<i>Middle</i>	
Name of Entity for which licensing affiliation is requested _____			
List any dba's of Entity if not the corporate name _____			
Address of Principal Place of Business _____			
<i>(Street address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
Telephone number _____		Fax: _____	
Website or email address: _____			



Applicant's initials

4. Employment (If additional space is required use the Explanation Form)

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or periods of unemployment for last 10 years. List all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Employer Name	Address	Title/ Position	Reason for Leaving	Start Date	End Date	Officer/ Director/ Stockholder (% ownership)

5. Military Information

Serial Number _____

Were you ever arrested for an offence which resulted in summary action, trial or special or general court martial? Yes ____ No ____

Branch of Service	Date of entry- active service	Date of Separation	Type of Discharge	Rating at Separation



Applicant's initials

6. Disclosure Items

Please complete the attached EXPLANATION FORM for 'yes' answers to questions 6 (a-l) Include date, charge, agency, location and disposition.

Y N

- a. Have you ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to any felony or any crime involving fraud, misrepresentation or moral turpitude?
- b. Have you ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a misdemeanor involving fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?
- c. Have you ever entered into any settlement agreement with any federal or state agency?
- d. Have you ever had your license or registration denied, suspended or revoked by a financial services or securities licensing agency in this state or any state, district, territory of the United States or any foreign in the preceding 10 years?
- e. Have you within the past 10 years made a compromise with creditors, filed a bankruptcy petition or been subject of an involuntary bankruptcy petition for an organization while you exercised control over it or individually?
- f. Has a bonding company ever denied, paid out on, or revoked a bond for you?
- g. Do you have any unsatisfied judgments or liens against you?
- h. Do you have a relative that is or has been associated with the business? (NRS 645B.0131 Relative means a spouse or any other person related within the second degree by blood or marriage)
- i. Have you ever had a civil or criminal record expunged or sealed by a court order?
- j. Have you ever had a privileged or professional license in any state denied, suspended or revoked?
- k. Are you subject to any pending actions that could result in a 'yes' answer to any of the above questions?

a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		
k.		

7. Licenses and Professional Designations

Please indicate if any licenses or designations are currently held:

- ☐ Real Estate Broker/Salesman ☐ Contractor ☐ Accountant ☐ Medical ☐ Insurance Broker/Agent
- ☐ Mortgage Company ☐ Lawyer ☐ Installment Loan ☐ Liquor ☐ Securities Dealer/Agent

Other: _____

Please mark the state(s) where the license is held.

<input type="checkbox"/>	Alabama	<input type="checkbox"/>	Illinois	<input type="checkbox"/>	Montana	<input type="checkbox"/>	Puerto Rico
<input type="checkbox"/>	Alaska	<input type="checkbox"/>	Indiana	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	Rhode Island
<input type="checkbox"/>	Arizona	<input type="checkbox"/>	Iowa	<input type="checkbox"/>	Nevada	<input type="checkbox"/>	South Carolina
<input type="checkbox"/>	Arkansas	<input type="checkbox"/>	Kansas	<input type="checkbox"/>	New Hampshire	<input type="checkbox"/>	South Dakota
<input type="checkbox"/>	California	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	New Jersey	<input type="checkbox"/>	Tennessee
<input type="checkbox"/>	Colorado	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>	Texas
<input type="checkbox"/>	Connecticut	<input type="checkbox"/>	Maine	<input type="checkbox"/>	New York	<input type="checkbox"/>	Utah
<input type="checkbox"/>	Delaware	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	Vermont
<input type="checkbox"/>	District of Columbia	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	Virginia
<input type="checkbox"/>	Florida	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	Ohio	<input type="checkbox"/>	Washington
<input type="checkbox"/>	Georgia	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>	West Virginia
<input type="checkbox"/>	Hawaii	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	Oregon	<input type="checkbox"/>	Wisconsin
<input type="checkbox"/>	Idaho	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	Pennsylvania	<input type="checkbox"/>	Wyoming

Applicant's initials

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

To: _____

From: _____ (Applicant's Name)

1. I hereby authorize and request all persons to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed agent of the Mortgage Lending Division of the State of Nevada, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

2. I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning me to permit a duly appointed agent to the Mortgage Lending Division of the State of Nevada to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional statutory, or common law privileges.

3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of same, I hereby authorize and request that a duly appointed agent of the Mortgage Lending Division of the State of Nevada be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.

4. I do hereby make, constitute, and appoint any duly appointed agent of the Mortgage Lending Division of the State of Nevada my true and lawful attorney in fact for me in my name, place, and stead, and on my behalf and for my use and benefit:

(a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom his request is presented as I might;

(b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request;

(c) To place the name of the Mortgage Lending Division agent presenting this request in the appropriate location of this request.

5. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

6. This power of attorney ends eighteen (18) months from the date of execution.

7. I have filed with the Mortgage Lending Division an "application" to be licensed or request for approval as key officer/director/majority owner. I understand that I am seeking the granting of a privilege and acknowledge that the burden of providing my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism, or other action of financial loss which may result from action with respect to this application.



Applicant's initials

8. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner of actions, causes or action, suites, debts, judgments, executions, claims, and demands whatsoever, know or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request.

9. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

10. A reproduction of this request by the Xerox or similar process shall be for all intents and purposes as valid as the original.

By signing below and initialing each page, I represent that I personally have completed this application or verified the information contained herein and have read the above authorization to release information.

APPLICANT'S SIGNATURE

Subscribed and sworn to before me the _____ day of _____, 200__.
Notary public in and for the County of _____, State of _____

Notary Signature _____

Notary Seal:

For Division Use ONLY

Signature of State Agent presenting this request: _____
Date of request: _____



EXPLANATION FORM (Use this form for explanation and additional space needed to answer questions.)
Copies of this page can be made if more space is needed.

Question Number	Explanation